PRIMARY REG. DIST 1003   Registrary's No.	o. 300	CHED IAM	1 0 1000	THE DIVISION OF HE STANDARD CERTIF			2617			
1. PLACE OF DEATH 1. COUNTY  1. COUNTY  D. CITY (If outded corporate limits, write RURAL and give provided in the pattern of t	7.40 7.73	TILL JAN	TO 1900	F **:	10/12/01/02/	100つ 100つ	riic No			
BOOD  1. CITY (If outside corporate limits, write RURAL and give vermals)  1. CITY (If outside corporate limits, write RURAL and give vermals)  2. CITY (If outside corporate limits, write RURAL and give vermals)  2. CITY (If outside corporate limits, write RURAL and give vermals)  2. CITY (If outside corporate limits, write RURAL and give vermals)  2. CITY (If outside corporate limits, write RURAL and give vermals)  3. RAMP (CF of look is begrind or institution, give streambile)  4. FILL INMEC OF (If out is begrind or institution, give streambile)  3. RAMP (CF of look is begrind or institution, give streambile)  3. RAMP (CF of look is begrind or institution, give streambile)  3. RAMP (CF of look is begrind or institution, give streambile)  3. RAMP (CF of look is begrind or institution, give streambile)  3. RAMP (CF of look is begrind or institution, give streambile)  4. CLURAL OUT (If outside or look look look look look look look l	<i>y</i>			REG. DIST. NO 10		<del></del>				
D. CITY (if counted corporate limits, write RURAL and give township)  TOWN St. Iouis  d. FULL NAME OF CIVE bost is bespital or institution, give stress address or location)  HOSPITAL ON	.0		( H		I		NTY admissis			
TOWN St. Louis  de Lin Amerof of the six boogstal or institution, dire stress address or location HOSPITAL OF the six boogstal or institution, dire stress address or location HOSPITAL OF the six boogstal or institution, dire stress address or location HOSPITAL OF THE SIGNIFICATION  S. S. AMME OF a. (First) b. (Middle) c. (Last) 24 DATE (Month) (Day) (Year) (Type or Print) I Trene  S. S. Ex. 2 6 COLOR OR RACE   7. MARRIED, NEVER MARRIED, NEVER MARRIED, NEVER MARRIED, WIDOWED, DIVORCED colored   100 Married Colored Colored Colored Colored Colored Colored Colored   100 Married Colored	-	b. CITY (If outside cor	porate limits, write R		c. CITY (If-outside on	<del></del>				
13a. FATHER'S NAME	<u>a</u>	<u> </u>			Town St.					
13a. FATHER'S NAME	COF	HOSPITAL OR	•	• =	ADDRESS 224	• _	•			
13a. FATHER'S NAME	RE.	3. NAME OF	a. (First)	b. (Middle)		4. DATE	(Month) (Day) (Year)			
13a. FATHER'S NAME	Į,	(Type or Print)		· ·		DEATR				
13a. FATHER'S NAME	NE	عات ا		WIDOWED, DIVORCED (Beecify)	1.	last birthday)	Months   Days   Hours   Mi			
13a. FATHER'S NAME	¥¥ ∥.	10a. USUAL OCCUPATIO	N (Give kind of work	10b. KIND OF BUSINESS OR IN-			12. CITIZEN OF WH			
13a. FATHER'S NAME	PER				<del></del>	<u>,                                      </u>	U.S. A.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT'S SIGNATURE OR NAME   ADDRESS   18. CAUSE OF DEATH   19. Cerebral Hemorrhage   19. CAUSE OF DEATH   19. DISEASE OR CONDITION   DIRECTLY LEADING TO DEATH'(a)   Cerebral Hemorrhage   19. CAUSE OR CONDITION   DIRECTLY LEADING TO DEATH'(a)   Cerebral Hemorrhage   19. Cere	. 111	_			•					
18. CAUSE OF DEATH   Enter only one causage per line for (a), (b), and (c)					ke 17. INFORMANT					
18. CAUSE OF DEATH   Enter only one causage per line for (a), (b), and (c)	MA H	(Yea, no. or unknown) (II :			1	· ·				
ANTECEDENT CAUSES  *This does not mean the distant man and the door cause (a) stating at the mode of dying, such as heart failure, asthenia, atc. It means the distant in means the distance or condition causing death.  DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERA.  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT SUICIDE HOMICIDE  21a. ACCIDENT SUICIDE HOMICIDE  21d. TIME (Moath) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE DEATH OF THE AT WORK AT WORK  21d. TIME (Moath) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK AT WORK  22. I hereby certify that I attended the deceased from 9-26  22. I hereby certify that I attended the deceased from 9-26  22. I hereby certify that I attended the deceased from 9-26  22. DATE SIGNET  22. I hereby certify that I attended the deceased from 9-26  22. DATE SIGNET  22. A SIGNATURE  (Degree or title) 23b. ADDRESS  22a. DATE SIGNET  22b. DATE SIGNET  22c. DATE SIGNET  22c. DATE SIGNET  22d. SIGNATURE  (Degree or title) 23b. ADDRESS  22d. DATE SIGNET  22d. BURIAL CREMA 24b. DATE  22d. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State)  RIJIPAL CREMA 24b. DATE  22d. COCATION (City, town, or county) (State)  RIJIPAL CREMA 24b. DATE  22d. LOCATION (City, town, or county) (State)  RIJIPAL CREMA 24b. DATE  22d. COCATION (City, town, or county) (State)		18 CAUSE OF DEATH MEDICAL CERTIFICATION								
This does not mean the disease of many such as heart failure, athenia, etc. It means the disease finjury, or complication which caused death.  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION  21a. ACCIDENT SUICIDE HOMICIDE  21d. TIME (Moath) (Day) (Year) (Hour) 21e. INJURY (o.g., in or about bome, farm, fastory, street, office bidg, etc.)  21d. TIME (Moath) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY  22. I hereby certify that I attended the deceased from 9-26  19a. DATE OF OPERATION  21f. HOW DID INJURY OCCUR?  22 I hereby certify that I attended the deceased from 9-26  23a. SIGNATURE  (Degree or title) 23b. ADDRESS  23a. SIGNATURE  (Degree or title) 23b. ADDRESS  24c. NAME OF SEMETERY OR CREMATORY  24d. LOCATION (City, town, or county) (State)  Ruirial of the aboes cause (a) stating the made the death of the analysis the underlying cause last.  DUE TO (b)  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death or representation to trained death.  25d. AUTOPSY?  26d. (CITY, TOWN, OR TOWNSHIP)  27d. HOW DID INJURY OCCURRY  27d. ADDRESS  27d. ADDRESS  27d. BURIAL, CREMA 24b. DATE  27d. BURIAL, CREMA 24b. DATE  27d. BURIAL, CREMA 24b. DATE  27d. RUIPIAL CREMA 24b. DATE  27d. RUIPIAL CREMA 24b. DATE  27d. RUIPIAL CREMATORY (City, town, or county)  27d. LOCATION (City, town, or county)  27d. RUIPIAL CREMATORY  27d. BURIAL CREMATORY  27d. DATE SIGNIFICANT  27d. BURIAL CREMATORY  27d. LOCATION (City, town, or county)	INI		DIRECTLY LEADI	NG TO DEATH*(a) Cerebr	al Hemorrhage	<u> </u>	3 months			
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FION, REMOVAL (Bredity)  Jan. 9,1950  Greenwood Cemetery  St. Louis County, Mo.		THE BURIAL COEMA	24h DATE	1 24c NAME OF SEMETE	1					
DUTTH : JUST DE LOUIS DE LE CONTROL DE LE CO			· P	1		1 .	•			
	3 4	DATE REC'D BY LOCAL	REGISTRARS		25. FUNERAL DIRE	CTOR'S SIGNATURE	ADDRESS			
JAN 6 1950 J. G. Lasaler & B. Kovice 1221 N. Grand (Licensed Embalmer's Statement on Reverse Side)		JAN 6 1950	1.6.6.	Lasaler	1 6 13,75		221 N. Grand			

## STATEMENT BY LICENSED EMBALMER

		Student Embalmer No.			
corking under my persona! super	vision.	•.	•		
StudentStudent Embalme		••		Signed	man with
otodon i indumi	3.74		64	¥ ~~,	Licensed Embalmer No. 27.5.5
			in sec	<u>).</u>	P. O. Address
Note: The above MUST BE	SIGNED	BY THE	LICENSED	EMBALMER in	his OWN HANDWRITING. (Failure to comply with

the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.